

OCT 16 2007

PTO/SB/97 (10-07)

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Howard N. Flaxman

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34,595  
Registration Number, if applicable

703 920 1122  
Telephone Number

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Amendment Transmittal - 2 pages  
Amendment - 6 pages

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## TO THE COMMISSIONER OF PATENTS AND TRADEMARKS

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In re Application of: Michael G. Tal

Group Art Unit: 3734

Serial No.: 10/736,535

Examiner: Nguyen

Filed : 12/17/2003

Title : VASCULAR ABLATION APPARATUS AND METHOD

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Transmitted herewith is an amendment in the above-identified application.

- ☒ Small entity status of this application under 37 CFR 1.27 has been established.
- ☐ Power of Attorney.
- ☐ Please charge additional claim fees to Deposit Account No. 01-2221.
- ☒ Any additional extension and/or fees may be charged to Deposit Account No. 01-2221.
- ☒ No additional fee is required.  
The fee has been calculated as shown below:

## EXTENSION OF TERM

NOTE: "Extension of Time in Patent Cases (Supplement Amendments)-If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." (Notice of December 10, 1985 (1041 O.G. 34-35)).

NOTE: See 37 CFR 1.545 for extensions of time in interference proceedings and 37 CFR 1.550(c) for extensions of time in examination proceedings. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(complete (A) or (B) as applicable)

- A. ☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d) for the total number of months checked below:

| Extension<br>(Months)                 | Fee for other than<br>small entity | Fee for<br>small entity |
|---------------------------------------|------------------------------------|-------------------------|
| <input type="checkbox"/> one month    | \$ 120.00                          | \$ 60.00                |
| <input type="checkbox"/> two months   | 450.00                             | 225.00                  |
| <input type="checkbox"/> three months | 1,020.00                           | 510.00                  |
| <input type="checkbox"/> four months  | 2,160.00                           | 795.00                  |

Fee \$ \_\_\_\_\_

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If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

— An extension for \_\_\_\_\_ months has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

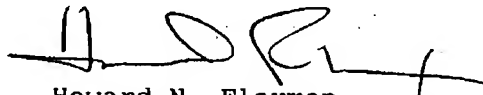
OR

B. X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

THE FILING FEE HAS BEEN CALCULATED AS SHOWN BELOW:

|                                 | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid For | Extra |   | SMALL   | AMOUNT  |
|---------------------------------|---|---|-------|---|---------|---------|
| Total Claims                    | 4   | 22  | 0     | X | \$ 0.00 | \$ 0.00 |
| Independent                     | 1   | 3   | 0     | X | \$ 0.00 | \$ 0.00 |
| () Multiple dependent claim fee |   |   |       |   | \$ 0.00 | \$      |
| CHECK ENCLOSED                  |   |   |       |   |         | \$ 0.00 |

Respectfully submitted,

  
Howard N. Flaxman  
Registration No. 34,595

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Alexandria, VA 22314  
(703) 920-1122  
Docket No. TAL-001

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Title : VASCULAR ABLATION APPARATUS AND METHOD

**AMENDMENT**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the outstanding Office Action of July 24, 2007, kindly amend the present application as follows:

**Amendments to the Claims** begins on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.